

Application for Employment



14888 SR 525, Langley, WA 98260
 (360) 321-1111 www.whidbey.com

We are an equal opportunity employer. We do not discriminate, in violation of law, on the basis of race, color, national origin, religion, creed, sex, sexual orientation, marital status, political ideology, age or disability. You may notify the Equal Employment Opportunity Commission, The Federal Communications Commission or any other appropriate agency in the event that you believe that you have been subject to discrimination.

APPLICANT INFORMATION

| | | | | | |
|--|---------------------|--|--------------|--|-------------|
| NAME <i>Last</i> | | | <i>First</i> | <i>Middle</i> | DATE |
| ADDRESS <i>Street</i> | | <i>City</i> | <i>State</i> | <i>Zip</i> | |
| MAILING ADDRESS <i>(if different)</i> | | <i>City</i> | <i>State</i> | <i>Zip</i> | |
| PHONE <i>Home</i> | <i>Work/Message</i> | <i>May we contact you at work?</i> | | E-MAIL ADDRESS | |
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| POSITION APPLIED FOR | | DATE AVAILABLE | | HOW DID YOU HEAR ABOUT THIS POSITION? | |

EDUCATION RECORD – Please list present and past education, beginning with the most recent.

| Name and Location of Institution | Major | Number of Years Attended | Degree, Diploma or Certificate Received |
|----------------------------------|-------|--------------------------|---|
| | | | |
| | | | |
| | | | |

RELEVANT SKILLS/TRAINING – Please indicate any skills/ training you have related to the position you are seeking.

EMPLOYMENT HISTORY – *Please list present and past employment, beginning with the most recent.*

| Name and Address of Employer | Dates of Employment | | Name of Supervisor and Telephone Number |
|------------------------------|---------------------|------------|--|
| | From (mo/yr) | To (mo/yr) | |
| | | | May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO |

Job Title:

Duties Performed:

Reason for leaving:

Name if different from application:

| Name and Address of Employer | Dates of Employment | | Name of Supervisor and Telephone Number |
|------------------------------|---------------------|------------|--|
| | From (mo/yr) | To (mo/yr) | |
| | | | May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO |

Job Title:

Duties Performed:

Reason for leaving:

Name if different from application:

| Name and Address of Employer | Dates of Employment | | Name of Supervisor and Telephone Number |
|------------------------------|---------------------|------------|--|
| | From (mo/yr) | To (mo/yr) | |
| | | | May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO |

Job Title:

Duties Performed:

Reason for leaving:

Name if different from application:

If you need more space for employment history, please print or request additional copies of this page and include the relevant information.

PERSONAL REFERENCES (Not Former Employers or Relatives)

| Name | Occupation | Address | Telephone Number(s) |
|------|------------|---------|---------------------|
| | | | |
| | | | |
| | | | |

| | YES | NO |
|--|--------------------------|--------------------------|
| Have you previously worked for Whidbey Telecom, (formerly Whidbey Telephone Company)? If yes, dates of employment: _____ to _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you at least 18 years of age? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you eligible for employment in the U.S. for all employers? | <input type="checkbox"/> | <input type="checkbox"/> |
| Whidbey Telecom has a non-smoking/ non-tobacco use policy. Do you currently use tobacco products? | <input type="checkbox"/> | <input type="checkbox"/> |

PLEASE READ AND SIGN

I authorize Whidbey Telecom ("Company") to investigate all statements in this application and to secure any necessary information from all my employers, references, and academic institutions. I hereby release all of those employers, references, academic institutions, and the Company, its employees, Officers, Trustees, and Directors from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with the Company.

I verify that the information I have provided in this application is true and correct. I understand that any offer of employment is contingent upon receipt of a satisfactory report concerning my credit, academic credentials, employment references, drug screen, and a background check, if any. I further understand that any false or misleading statements will be sufficient cause for rejection of my application if the Company has not yet employed me and for immediate dismissal if the Company has employed me. I also authorize the Company to supply information about my employment record, in whole or in part, in confidence to any prospective employer, government agency, or other party having a legal and proper interest, and I hereby release the Company from any and all liability for its providing this information.

I certify that I am not subject to any kind of agreement with any current or former employer which would restrict or conflict with employment with Whidbey Telecom.

I understand that nothing in this employment application, in the Company's policy statements or personnel guidelines, or in my communications with any Company official is intended to create an employment contract between the Company and me. I also understand that the Company has the right to modify its policies at any time without giving me any advance notice of the changes. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless it is made in writing and signed by the President or Vice President. I further understand that if an employment relationship is established, it is one of "at-will" employment, and the Company and I both have the right to terminate the employment relationship at any time for any reason.

I hereby acknowledge that I have read, understand and agree to the preceding statements.

PRINTED NAME: _____

SIGNATURE: _____

DATE: _____